



EDWARD M. BIRN  
Director (Direktot)

BERNADINE C. GINES  
Deputy Director (Sigundo Direktot)

## DEPARTMENT OF ADMINISTRATION

DIPATTAMENTON ATMENESTRASION

GENERAL SERVICES AGENCY  
(Ahensian Setbision Hinirat)

Telephone (Telifon): (671) 475-1707/1729 • Fax (Faks): (671) 472-4217/1727



LOURDES A. LEON GUERRERO  
Governor (Maga'hága)

JOSHUA F. TENORIO  
Lt. Governor (Sigundo Maga'láhi)

September 03, 2021

### **INVITATION FOR BID: GSA-055-21**

### **CAMERA SYSTEM UPGRADE AND REPLACE SERVER SYSTEM**

#### **NOTICE TO ALL PROSPECTIVE BIDDERS**

A "Site Visit" is being scheduled for: September 08, 2021 at 10:00AM meeting location will be at the Department of Youth Affairs in Mangilao, Dairy Road. Please see below instructions and attached forms.

1. Please have a valid photo ID that indicates your date of birth.
2. Contraband (e.g. lighters, cigarettes, blades) should be left in your vehicle. Any bags will be subject to a search and will be determined to be allowed in the facility by the Officer-in-Charge.
3. A background check will be conducted via the Virtual Computerized Criminal History and/or National Crime Information Center database. FYI, anybody with a current felony charge or who has been convicted of a felony will not be allowed to enter the facility.
4. Please wear appropriate attire. No short skirts, shorts, tank tops or clothing containing inappropriate graphics (e.g. graphics displaying alcohol to include brands, drugs, or is sexually suggestive).

To help expedite the check-in process, please fill out the attached documents and bring it with you on the scheduled site visit.

**Note: Pursuant to the Pandemic of Corona Virus (COVID-19), GSA adheres with the "Social Distancing" under the Emergency Executive Orders 2020-003 through 2020-48. GSA kindly ask for your cooperation in the matter, to limit your company's representatives to the following:**

**Site Visits: Limitation of no more than (2) representative**

Please Print

ACKNOWLEDGEMENT COPY (Re-fax to GSA)

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Fax to: 475-1727 or 472-4217

E-mail to: [gsaprourement@gsadoa.guam.gov](mailto:gsaprourement@gsadoa.guam.gov)

  
CLAUDIA S. ACFALLE  
Chief Procurement Officer



LOURDES A. LEON GUERRERO  
Maga'hāga'

JOSHUA F. TENORIO  
Sigundo Maga'lāhi

# DIPATTAMENTON ASUNTON MANHOBEN

Department of Youth Affairs

Government of Guam

P.O. Box 23672

Barrigada, Guam 96921

Tel: (671)735-5010 Fax: (671)734-7536



MELANIE W. BRENNAN  
Direktot

KRISINDA C. AGUON  
Sigundo Direktot

## CONFIDENTIALITY/LIABILITY AGREEMENT

I/We, \_\_\_\_\_, agree to keep all information confidential as it concerns a client's identity, personal information, treatment, and/or condition while in the programs of or providing services to the **Department of Youth Affairs**. I/We, also recognize and agree that as a condition in any educational or training program, research, evaluation of clinical operations pertinent to client and/or record audits, to keep all information confidential that would expose the identity, personal information, treatment, and/or condition of any client while in the program of or providing services to the Department of Youth Affairs. I/We, understand and acknowledge that unauthorized release of confidential information, of any nature, may subject me/us to action by law under the provisions of both the Federal Government and Government of Guam Code and Privacy Act.

As a: ( ) Student at \_\_\_\_\_

( ) Volunteer to \_\_\_\_\_ Division/Section

( ) Government Official to the \_\_\_\_\_ Department/ Agency

( ) Visitor to \_\_\_\_\_ Division/Section for purpose of

( ) Other: \_\_\_\_\_

( ) 1 Day Activity ( ) Weekly Event \_\_\_\_\_ No. of days per week ( ) Monthly \_\_\_\_\_  
(Please specify day)

Affiliated with the Department of Youth Affairs, with prior administrative approval, I/we understand that unauthorized release of confidential information may subject me/us to be censured by the Department of Youth Affairs and the inability to be further involved with my/our association with the Department of Youth Affairs. The Scope of Services or Purpose of Visit is/are presented as follows: \_\_\_\_\_ I/We also understand and agree that the Department of Youth Affairs will not be held liable for any incidents, illness, or injury incurred by or to me while at the Department of Youth Affairs.

Signature of Requestor

Date

Witness

Date

Department/Organization \_\_\_\_\_

In case of emergency, contact the following:

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

NOTE: Entering DYA you are required to undergo background checks via a Virtual Computerized Criminal History (VCCH) and/or National Crime Information Center (NCIC) and Sexual Offender Registry (SOR) or you can provide a current police clearance with your legal picture ID. Approval to remain valid for the duration of the event or services being rendered for no more than a period of one year from the date it was approved.

☐ Cleared/Allowed into DYA

☐ Not Cleared/Do not Allow into DYA

Background check completed by: \_\_\_\_\_  
Name

Date

VCCH/NCIC/SOR/Police Clearance  
Circle all that apply

Signature needed for Youth Correctional Facility and Cottage Homes Facility: \*If applicable

Received by YSS/OIC: Print and sign name

Date

David T. Afaisen, Jr., YCF Superintendent

Date

Signature needed for Youth Development Division: \*If applicable

Robinette S. Balajadia, Social Service Supervisor I

Date

Corrine T. Buendicho, Youth Development Administrator

Date

Acknowledged:

Acknowledged:

Krisinda C. Aguon, Deputy Director

Date

Melanie W. Brennan, Director

Date





LOURDES A. LEON GUERRERO  
Maga'hága

JOSHUA F. TENORIO  
Sigundo Maga'láhi

# DIPATTAMENTON ASUNTON MANHOBEN

Department of Youth Affairs

Government of Guam

P.O. Box 23672

Barrigada, Guam 96921

Tel: (671)735-5010 Fax: (671)734-7536



MELANIE W. BRENNAN  
Direktot

KRISINDA C. AGUON  
Sigundo Direktot

## **PRISON RAPE ELIMINATION ACT NOTIFICATION AND ACKNOWLEDGMENT**

In compliance with the Prison Rape Elimination Act (PREA) of 2003, the Department of Youth Affairs mandates the elimination reduction, and prevention of sexual assault and rape in prisons, jails and community confinement facilities (half-way house) used for the custody or care of juvenile inmates

In compliance with PREA volunteer and contractor training, the Department of Youth Affairs has a zero-tolerance stance towards all forms of sexual abuse and sexual harassment and is applicable to residents, staff, volunteers, visitors and contractors. The zero-tolerance stance includes education, prevention, detection and responding to sexual abuse and sexual harassment incidents immediately.

All residents are prohibited from engaging in sexual contact with each other. All sexual contact between residents is deemed to be non-consensual and consent is not an affirmative defense, due to the custodial status of residents. Department of Youth Affairs strictly prohibits any sexual contact between staff, contractors, volunteers and residents, expects staff, contractors and volunteers to keep professional boundaries in all of their interactions with residents. Sexual contact between staff, contractors, volunteers and residents is deemed to be non-consensual under all circumstances. Consent is not an affirmative defense to sexual contact between staff contractors, volunteers and resident, due to the custodial status of residents, and the unequal nature of the relationship.

Contractors and volunteers are encouraged to comply with reporting guidance provided on the PREA notice that is posted in the facility. If there are suspicions, allegations, or incidents of sexual abuse, sexual harassment, or retaliation, staff, contractors and volunteers are to report this activity to Department of Youth Affairs management official.

Staff must accept reports of alleged incidents and suspicion of sexual harassment, sexual abuse and retaliation that are made verbally, in writing, anonymously and from third parties and must promptly document any verbal reports.

All employees, contractors, volunteers and visitors must NOT reveal any information related to a sexual abuse report to anyone other than to the extent necessary as specified in policy, and to facilitate treatment, investigation, and other security and management decisions.

I hereby acknowledge and confirm my understanding of the above-mentioned PREA Mandates and recognize that swift corrective action will occur for all residents, staff, volunteers, visitors and contractors who violate the Prison Rape Elimination Act (PREA).

\_\_\_\_\_  
Print Name/Signature  
(If under 18 please have your parent/guardian sign below)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Administrator's Acknowledgement:

\_\_\_\_\_  
Name (Print & Sign)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date